

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

- 004

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1  Administrative Data	Reporter name: <div style="background-color: black; width: 100px; height: 1.2em;"></div>		Submission date:	Contact person (if different than reporter)	Internal ID <b>1-43343403</b>		
	Address:  <b>Nevada</b>			Address:			
	Phone #: <div style="background-color: black; width: 100px; height: 1.2em;"></div>			Phone #:			
	Incident Status:  <b>New</b>	Location and date of incident <b>Nevada</b> <b>02/16/2016</b>		Date registrant became aware of incident: <b>2/27/2016</b>	Was incident part of larger study?		
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1)  <b>239-2657</b>		EPA Registration # (Product 2)		EPA Registration # (Product 3)		
	A.I. (s)  <b>Glyphosate, Imazapyr</b>		A.I. (s)		A.I. (s)		
	Product 1 Name  <b>GroundClear Complete Vegetation Killer (Conc)</b>		Product 2 Name		Product 3 Name		
	Exposed to concentrate prior to dilution? <b>No</b>		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?		
	Formulation		Formulation		Formulation		
Row 3  Incident Circumstances	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <b>Own Residence</b>			Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  <b>See Description Notes</b>		
	Applicator certified PCO? <b>Not applicable</b>						
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <b>See Incident Description</b>						

\*Personal privacy information\*

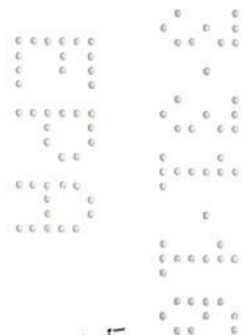
2/27/2016 10:19:43 AM GroundClear Complete Vegetation Killer (Conc)  
EPA reg #239-2657

*H: Caller said she sprayed the diluted GroundClear Complete Vegetation Killer on 2/16/16. She thinks she inhaled in the vapors while spraying it and was coughing. On 2/19/16 she developed a migraine and on 2/20/16 she still had her migraine and was diagnosed by her HCP on 2/21 that she had strep throat and a bacterial virus by her MD.*

*Could her symptoms be from the product she may have breathed in?*

*A: Discussed with the caller:*

- Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.*
- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.*
- The patient should be removed from the source of the fumes and placed in an area with fresh air and adequate ventilation.*
- Patients who smoke or have underlying respiratory conditions may experience more pronounced symptoms that require medical attention. Inhalers or nebulizer therapy indicated for acute respiratory symptoms may be used in the prescribed manner as symptoms dictate.*
- Symptoms as reported and described are not related to the Strep throat or the bacterial infection.*
- Please call back with any additional questions or concerns.*



# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects.  <i>Other miscellaneous - DX: Strep throat, 3 days or less; Headache, 3 days or less; Cough, 3 days or less;</i>		If lab tests were performed, list test names and results (If available, submit reports).  <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
*1-43343403*